

# 10000 TELETYPE DATA ENTRY

SERIAL NUMBER: 00 / 00071  
 IS NUMBER: 0071  
 FAMILY NAME: HALLSBERG  
 GIVEN NAME: STEPHEN  
 PRIORITY PLANNED (Y/N): Y  
 IS BASIC FEE (Y/N): N  
 ATTORNEY DOCKET NUMBER: 00007  
 SERVICE/LEASE NAME, ADDRESS: CUSTOMER NUMBER: TELEPHONE: 7004121150  
 NAME: DENNISON MEDICAL POLLOCK & SCHWARTZ  
 115 CRYSTAL SQUARE S  
 STREET: 1745 JEFFERSON DAVID HIGHWAY  
 CITY: ARLINGTON  
 STATE/COUNTRY: VA ZIP: 22202  
 APPLICATION TITLE:  
 METHOD FOR THE SITUATION-DEPENDENT ARRANGEMENT AND/OR  
 ACTIVATION OF RESOURCES

TAD TO LAST POSITION, PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6944

SERIAL NUMBER 09/043,574	FILING DATE 03/26/1998  RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 98037
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APPLICANTS

STEFAN J. HALBLANDER, SCHRIESHEIM, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a 371 of PCT/EP96/04212 09/26/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
GERMANY 195 39 662.6 09/27/1995

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____	Initials _____		

ADDRESS  
DENNISON MESEROLE POLLACK & SCHEINER  
1745 JEFFERSON DAVIS HIGHWAY  
SUITE 612  
ARLINGTON , VA  
22202

TITLE  
METHOD FOR THE SITUATION-DEPENDENT ARRANGEMENT AND/OR ACTIVATION OF RESOURCES

FILING FEE  RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

Printed 12/13/1999

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/043,574	03/26/1998	705	2765	98037

APPLICANT  
STEFAN J HALBLANDER, SCHRIESHEIM, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
None-AL

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/EP96/04212 09/26/1996  
AL

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED FED REP GERMANY 195 39 662.6 09/27/1995  
AL

Foreign priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged <u>AL</u> Examiner's Name Initials	DEX	2	20	1

ADDRESS  
DENNISON MESEROLE POLLACK & SCHEINER  
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SUITE 612  
ARLINGTON , VA 22202

TITLE  
METHOD FOR THE SITUATION-DEPENDENT ARRANGEMENT AND/OR  
ACTIVATION OF RESOURCES

FILING FEE RECEIVED  \$\$\$930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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12/13/99 2:02 PM

SERIAL NUMBER 09/043,574	FILING DATE 03/26/98	CLASS 264 705	GROUP ART UNIT <del>2762</del> 2164	ATTORNEY DOCKET NO. 98037
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APPLICANT

STEFAN J. HALBLANDER, SCHRIESHEIM, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None (H.K.)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

4 VERIFIED THIS APPLN IS A 371 OF PCT/EP96/04212 09/26/96

Yes (H.K.)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FED REP GERMANY 195 39 662.6 09/27/95

(H.K.)

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

DENNISON MESEROLE POLLACK & SCHEINER  
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ARLINGTON VA 22202

PHONE: (703)412-1155

TITLE

METHOD FOR THE SITUATION-DEPENDENT ARRANGEMENT AND/OR  
ACTIVATION OF RESOURCES

FILING FEE RECEIVED \$930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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